The American Practitioner.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ON A SURGICAL TREATMENT OF SCIATICA.*

BY J. A. COMINGOR, M. D.

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I estimate society work according to the amount of practical and useful matter presented. If I want book-knowledge and fine scientific works, I go to the library and not to the society for these. On the other hand, if I want bright practical thoughts and clear-cut views, I go to the society; and, no matter where I go, or what society I attend, I always come away with ample dividend for time spent and money expended. Therefore society work, in my opinion, should be as practical as it can be made. Members are presumed to be educated in the elementary principles of medicine and surgery, and well informed in the literature of their profession. If they are not, this is not the place to teach them. In the consideration therefore, of the subject chosen for this short paper, it is not my purpose to present it in its widest range, but merely to give my own views and experience. To go over the road that has been traveled for centuries would be tiresome as well as unprofitable. Consequently I will not consume time by giving what has been said and written on neuralgia. The present report

* Read before the Mitchell District Medical Society at Seymour, Ind.

is based on the treatment of three well-marked cases. The diagnostic features were well defined. That I may not consume time unnecessarily in furnishing the proof that these cases were what I state them to be, I will ask you to believe me capable of making a correct diagnosis in these cases, as it was not a difficult matter. In 1879, I think it was, but the day, month, and year matters not, I was invited by Dr. J. C. Walker, of Indianapolis, to join him and visit a patient of his, whom he thought had been seriously injured a few days before. The man, a city fireman, was, while driving rapidly to or from a fire, thrown from his engine, lighting on his right hip. The patient had suffered severely, except when impressed by morphine. The doctor was fearful that the injury was greater than he had at first anticipated. He had diagnosed it traumatic sciatica. On a careful examination I could not detect a fracture or any other serious complication, and joined the doctor in his diagnosis. There were evidences of contusion over the great sciatic nerve, covering the space between the great trochanter and tuberosity of the ischium. The doctor had been treating him hypodermically and otherwise, according to standard views, but the effect was only temporary, having reached no permanent benefit. The patient's suffering at this time was agonizing in the extreme; muscular spasms were frequent and great. It was clear to the observer that something must be done that would give relief, or this strong and vigorous man, for such he was, would wear out as the result of intense suffering. After carefully considering the matter, we concluded to try Buck's extension-weight and pulley. The object of this was to keep the leg forcibly extended, and the muscles steady. This was applied about eight P. M.; the weight was a heavy one. We discovered that the muscles moved spasmodically whenever they were called into the slightest activity, and pain was the result. We were confident that, if the muscular spasms could be arrested, our patient would get relief. We had faith in this plan, and separated, agreeing to meet the following morning. The morning came, we met, and much to our chagrin the patient was suffering with the same intensity as

before. During the night, in his paroxysms of pain, he had repeatedly thrown weight and cord off the pulley. Notwithstanding our disappointment, our faith in the plan was still strong. This was only a flank movement to test the strength of the enemy. We now proposed to strike in the center, divide his forces, and take possession of the fort. We reinforced with chloroform, and after anesthesia had been induced a plaster-of-paris bandage was applied to the foot and leg and around pelvis and waist. When the bandage hardened, the patient was put to bed. This settled the neuralgia storm; no more pain; in lieu thereof restful sleep. No further trouble ensued. The patient was soon on crutches, and in a fortnight the bandage was removed, the patient well, and sent to duty. To me this result opened up a new field of thought. It seemed that a ray of light had pierced the dense cloud of uncertainty as regards the treatment of this form of neuralgia, and I determined to test its merits whenever an opportunity offered.

In April, 1882, another opportunity offered and I put the method to the test. This case in some particulars differed from the first, in the fact that it was not traumatic in its origin; the cause was not definitely known to me. There may have been some traumatism connected with the case, as the patient was said to have aborted at the beginning of her illness. A lesion of this sort may give rise to sciatica. This, however, is only a conjecture on my part. Doubtless, there was a cause, for we realize the fact that the cause must antedate the effect. This is a law in nature and in life. This patient was a married woman, about thirty-two years of age, the mother of several apparently healthy children, and up to this attack had enjoyed a fair share of health. However, for several years past, and up to the time of this sickness, she had been troubled with torpor of the bowels and had used cathartics generously to procure bowel action. This constant torpor may have given rise to neuralgia. In the text-books it is assigned as a common cause. It was not my privilege to see this patient until late in her illness, she having been sick several weeks before my connection with the case;

therefore I can not state definitely the course the disease pursued, or its chief characteristics. When first seen by me I thought that I discovered two leading pathological conditions, viz., enlargement of the glands of the jaw accompanied with fibrous anchylosis and sciatica. The anchylosis still exists, though I have at different times broken it up, and tried to restore full motion to the jaw.

Sciatica is the ruling thought of this report; and I desire to keep it to the front. Persons afflicted with sciatica, in describing their symptoms, tell the same story with remarkable regularity. This case is no exception to the rule; hence I will not trouble you in the narration of symptoms in detail. It is sufficient for all practical use that there was the usual pain from pressure along the course of the nerve, and spasmodic pain when the muscles were in motion. With the concurrence and assistance of Dr. Marsee we applied the bandage as we did in the former case; only we did not resort to anesthesia. The leg was flexed, rotated, stretched, and the bandage applied. The relief was not so well marked as it was in the first case. This I attributed to the non-use of anesthesia, and the failure in doing our work sufficiently thorough. But freedom from pain followed in a short time, and the morphine which had been used so long and lavishly was gradually withdrawn. She wore the bandage a less time than twenty-four hours, when it had to be removed on account of the pain and pressure it produced. I thought it a failure, but determined, after a few hours' rest to the patient, to try it again, adding anesthesia. But the second application was not necessary, as improvement took place, and she was on her feet in a fortnight, measurably free from pain and taking nature's alloted hours of restful sleep. Recovery was complete. The successful issue of this case impressed me with the idea that possibly a new and practical fact had been discovered. I am clearly of the opinion that this cure was not due to the bandage, but was due to the shaking up of the muscles, nerves, etc., infusing stronger life into the dormant tissues, and at the same time securing to these tissues an accelerated circulation, giving

a more abundant supply of blood. This is a physiological view of the proposition, and I verily believe it is true, and of some moment to the profession, though I am unwilling to spread it broadcast as a fact. I only send it forth as a probable fact, and one of sufficient merit to insure it a fair and impartial hearing. If this be true, all, even obstinate cases will not require the bandage. It will only be necessary, either with or without the aid of anesthesia, to give the structures involved a thorough shaking up in order to start the patient on the road to recovery, and to nurse him back to health again.

In the presentation of the third case, I will be brief; though in point of history, course, duration, and results, it is the most remarkable of the three. This man is about thirty-eight years of age. The 30th of October, 1883, he came to my college clinic, and told the following story of his illness. In the fall of 1865, had an attack of "break-bone fever" in the State of Texas. In the spring of 1866, he was attacked with periostitis just above the knee, on the outer side of the thigh. Abscess formed, was opened, and with the matter discharged came several small pieces of bone. The abscess closed, reopening in 1870, discharging matter and bone as on the former occasion. It closed and opened again, for the third and last time, in 1876. The patient had been lame and suffering for fifteen years, going on crutches a great part of the time. For three weeks he had been in agonizing pain, day and night, deprived of rest and sleep, and walking the floor on crutches all night long.

The examination revealed the usual tenderness along the course of the sciatic nerve. The leg was partially flexed, and the muscles rigid. The muscles seemed to be standing guard over the movements of the leg. The patient being etherized, the leg was carefully put through all its natural movements; the soft structures were thoroughly stretched and massaged, and the bandage applied as in the other cases. There were some adhesions at the knee, which were broken up by extending and flexing the leg. The bandage was removed in ten days and muscular exercise enjoined. All things moved well, and in

three weeks from the date of the operation he returned, walking into the lecture-room without crutch or cane, with only a slight halt. Two weeks later he made us another visit, and by certain active movements showed us that his leg was well and he able for full duty.

I have written nothing on the pathology of sciatica because I know but little concerning its pathology; and, when I came to investigate this part of the subject and found nothing definitely settled, I concluded that others were not much wiser than I.

INDIANAPOLIS, IND.

REMARKS UPON ALCOHOL, FROM A CLINICAL POINT OF VIEW.

BY JOHN A. OCTERLONY, A. M., M. D.

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The real value of alcoholic beverages as medicine or food can not be ascertained by experiment or by a study of their effects in poisonous doses. It must be determined by clinical experience. This is the test to which all medicinal agents are subjected, and by which their claims to be considered and used as remedies are finally adjudicated. This involves a decision upon a question of fact, not upon the *modus operandi* by which the fact is accomplished. Clinical experience is the final and supreme authority. It may not be inopportune to glance at the subject in this light, and briefly state what appear, from a purely clinical standpoint, to be the powers and uses of alcohol as a remedy and a food, and incidentally to remark upon its employment as a luxury. Even among medical men, who are unfavorable to alcohol as an article of diet, its usefulness as a medicine is admitted. It is my purpose to examine in a very brief way just in what classes of disease and under what circumstances alcoholic preparations are indicated.

Acute diseases, in which danger to life or marked destruction

of tissue is rapidly brought about and associated with a sudden accession of formidable symptoms, require the administration of alcohol in a considerable proportion of cases. In these it is generally productive of decidedly beneficial effects, tiding the patient over a period of danger when he could not utilize other food. It preserves the body from decay. It lessens temperature, and saves the fabric from death. This is seen most conspicuously in various forms of zymotic and other febrile diseases.

The laity generally are not aware that alcohol lessens temperature, and hence do not understand its usefulness in many forms of fever. Yet it is exactly in this class of diseases that alcohol performs a duty more satisfactorily than any other stimulant.

The administration of this agent is also useful when the surface of the body has been chilled, and when the vital powers are so weakened that the heart is unable to do its work in propelling the blood to the capillaries with the usual ease. It may also be used with great advantage—as surgeons especially know—in cases of prostration from shock, and in that slower prostration which follows acute diseases after these have expended their force.

Anemia resulting from hemorrhage, nearly always requires alcohol, and often when otherwise induced it is benefited by it. Few practitioners who have encountered post-partum hemorrhage, and the shock and exhaustion following it, but will allow that alcohol is not only useful but in many cases seemingly indispensable.

In many persons debility is principally due to a failure of gastric digestion, and this may often be relieved by the appropriate administration of some preparation of alcohol in dilute form.

It was long since observed that phthisical patients who have delicate skins and perspire very freely, but with whom oil and fatty matters habitually disagree, are remarkably benefited by alcohol, especially when taken in full dose; and they may

even take oil and fats with impunity if these be combined with alcohol.

During the stage of disintegration in tuberculosis, with hectic fever, etc., the judicious administration of alcohol often produces signally good results. However, the necessity of discriminating between cases must not be lost sight of, for alcohol is not equally well suited to all.

The wasting diseases of childhood furnish a large class of cases in which alcohol is an invaluable remedy. What was said with regard to the effect of alcohol in acute diseases applies also to a considerable extent to this class.

In chronic suppuration, whether in adults or children, alcohol is exceedingly useful, and its judicious administration is frequently efficacious in warding off serious and even fatal results. The combined experience then of competent and impartial observers warrants the statement that in the diseases enumerated, alcohol is a remedy of great potency, and that they can be more successfully treated with alcohol than without it. There are many other morbid states in which this agent may be used with decided benefit to the patient, but the limits of this paper will permit no further extension in this direction.

That a remedy powerful for good should also be capable of ill must be expected. It requires no great experience to perceive that in certain cases alcohol, for some reason, does not fulfill our expectations. A few practical rules for guidance at the bedside may not be out of place here.

It may be considered that alcohol is acting well when, under its use, the pulse becomes stronger and less frequent—when the skin becomes moist and cooler; if the countenance become quiet and natural, when the breathing becomes tranquil, when, even under full doses of alcohol, there is no alcoholic odor emitted by the breath, when the tongue, previously dry, becomes moist and tends to clean, and when the patient becomes quiet and sleeps.

On the contrary, the action of alcohol is unfavorable when under its use the pulse becomes more rapid, and the skin hot and parched, the countenance flushed and excited, the tongue more

dry and baked, the breathing more hurried, when the odor of alcohol can be perceived on the breath, and the patient grows wakeful and restless.

The belief has found general acceptance that stimulants are injurious, because their stimulant action is followed by reaction in the opposite direction. Of this reaction I myself have never seen any proof. Anstie remarks very truly on this point, a stimulus promotes or restores some natural action and *is no more liable to be followed by morbid depression than* is the revivifying influence of food.

It seems then, in fact, that moderate doses of alcohol are not followed by depressive reaction either in health or disease. Alcohol in over-doses, that is, in narcotic or intoxicating dose, is undoubtedly injurious, but this may be said of any other medicinal agent, especially of those belonging to this class. And "we must not assume that because a large dose is injurious a small one is so also. Lime and salt are necessaries of life, and yet they are injurions in large doses, and it is not an argument against their use in small doses."*

But alcohol is not only a medicine but a food. In this double capacity it does not stand alone. It is of course well known that some have rejected the claims of alcohol to be considered as a food. The grounds for so doing however appear insufficient.

It is not unfair to assume that the universal employment of any article of food indicates a natural requirement. There is hardly a nation within the boundaries of vegetation, among which this requirement has not been felt and met in the manufacture of some sort of alcoholic beverage. "Widespread custom and physiological research have established that alcohol as such has its legitimate place in the sustentation of the healthy and diseased organism." †

A recent writer expresses the opinion that "the universal use of fermented liquors is an indication of their serving a profound physiological purpose and supplying a common want."

* Alfred Carpenter's Address.

† Anstie.

A large number of observations, says Anstie, concur in testifying to the power of alcohol in certain circumstances to support life, singly or with entirely insignificant assistance, and he reports several cases which forcibly illustrate the truthfulness of these remarks. Most practical physicians of wide experience, especially in large cities, could furnish the history of cases similar to Dr. Anstie's. Equally in accordance with the experience of others is his observation, that it is remarkable how the comparatively healthy system in some cases adapts itself to a diet composed chiefly or almost entirely of alcohol. "Every medical man in extensive practice," says Dr. Alfred Carpenter, "must have seen cases which, now and then, have fallen to my lot to witness, in which life has been prolonged for many months without any other nourishment than that which was contained in the spirituous liquors or wines which the patient would alone consume; cases in which it was impossible for life to have been sustained upon the few grains of organic substances which were contained in the coloring matter or extractive matter of the liquor, or in the sugar which is sometimes given with the stimulant." It can then be asserted with truth, that alcohol is a food. It doubtless may not be the best food under all or even many circumstanees. Nor is it always a good food. Yet it is a food; and it is for the judicious clinician to select the proper cases for its administration, and also the form and quantity in which it is to be used, as well as the length of time it should be continued.

Assuming as proved that alcohol is at times and in certain conditions of diseases capable of acting not only with safety, but with marked benefit as a food, it may be asked, can it not also with safety be used as a luxury? That it is used in some form as a beverage of ordinary life by a very large proportion of people is well known; that it does not, properly speaking, belong to the necessaries of life must be admitted. Therefore, when consumed by the great mass of healthy people with whom it is an article of daily use, it is simply a luxury. How far it can be so used with impunity is a question of more than ordinary importance, but one which is not before us now.

Dr. Carpenter, from whom I have often quoted in these pages, and who is rather inimical to the use of alcoholic drinks, assumes that a luxury which is not immediately injurious may be fairly used by all who can afford it. In his prize essay on the Use of Alcoholic Liquors in Health and Disease, Prof. W. B. Carpenter freely admits "that its temporary administration to persons in health under extraordinary occasions is attended with decided benefit." In his brochure on Alcohol, its Place and Power, Prof. Miller, of Glasgow, reaches conclusions similar to those of Prof. Carpenter.

It is seldom, if ever, urged that alcoholic beverages are essential to persons in perfect health; yet we think it can not be denied that they are used by thousands in moderation as a luxury without producing any injurious results. And it must be admitted that alcoholic beverages used in this way are a source of pleasant gratification and greatly enhance the enjoyment of life. That men are entitled to a moderate indulgence in this as well as all other legitimate pleasures can not be denied.

Having said this much in favor of alcohol as a beverage, it is impossible to close one's eyes to the power for evil with which alcohol is endowed, and the wretchedness its excessive use has inflicted upon mankind. We contend simply that this can be no valid reason against its moderate use as a luxury by those who can afford and enjoy it. *Abusum non tollit usum.* The *abuse* of a thing is no argument against its *use.* On this point, Sydney Smith very tersely remarks: "No cards, because cards are employed in gaming; no assemblies, because many dissipated persons pass their lives in assemblies. Carry this but a little further, and we must say, no wine, because of drunkenness; no meat, because of gluttony; no use, that there be no abuse."

Whether alcohol is used as a medicine, food, or luxury, certain rules should be observed:

1. Alcoholic beverages should be taken at or about meal time, or at any rate in combination with food.
2. If liquor, it should always be diluted.
3. The quantity and the interval at which it is taken must

depend upon the condition of the patient, the form of alcoholic beverage used, and the effect it is desired to produce.

4. Whatever be the variety of liquor, it must, in order to be fit for medicinal use, be *pure* and sound and of sufficient age.

5. When the stimulant effect of alcohol is required, especially in cases of acute disease, or in sudden emergencies, good whisky or brandy is to be preferred.

6. That form of alcohol which in our opinion is best suited for general administration to patients in this country is the so-called Bourbon whisky. This can be more readily procured of good quality and requisite age than either brandy or wines, and possesses every virtue which can be claimed for either of the latter.

But, while we have spoken thus dogmatically perhaps of the particular whisky called Bourbon, it is not to be concluded that all the whisky made and sold under that name is either of the age or quality it purports to be. In the whole range of dietetic and medicinal preparations, there is no article which has suffered so much through imitation and adulteration as this valuable Kentucky product. Yet with proper care there need be no difficulty in procuring a genuine article.

While all Kentucky whisky, made by honest distillers—and these are many—may in general terms be counted as good when of proper age, that known as "*sour mash*" Bourbon whisky is esteemed by most persons as the best. It is claimed to be the softest and purest—to continue to improve longest, and as it ripens to develop all the better qualities of the old Cognac brandies. When originally well made, this variety of whisky, after remaining in wood say from four to six years, certainly acquires great delicacy of flavor, and is ordinarily well borne by the most delicate stomach. It is used medicinally in Kentucky to the exclusion of almost every other form of alcohol, and is so used because experience has taught that it is, both in flavor and digestibility, and as a stimulant, fully the equal of the finest, oldest, and most expensive of imported brandies.

LOUISVILLE, KY.

Reviews.

Elements of Histology. By E. KLEIN, M. D., F. R. S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Illustrated with one hundred and eighty-one engravings. 1 vol., pp. 352. Philadelphia: Henry C. Lea's Son & Co. 1883.

This volume of the series of manuals for medical students is strictly for the use of students. It is not a complete work on histology, and could not be within the narrow limits to which it is confined. It is well executed; the illustrations are good and of superior quality, though not original.

Clinical Chemistry: An Account of the Analysis of Blood, Urine, Morbid Products, etc. With an Explanation of the Chemical Changes that occur in the Body in Disease. By CHARLES HENRY ROLFE, M. A., M. D., Cantab.; Fellow of the Royal College of Physicians, London; Assistant Physician at the London Hospital; Formerly Demonstrator of Physiological Chemistry in the Medical School of St. George's Hospital. Illustrated with sixteen engravings. 1 vol., pp. 308. Philadelphia: Henry C. Lea's Son & Co.

This is one of the series of manuals for students of medicine, written for a specific and practical purpose, namely, to furnish students and practitioners with a concise account of the best method of examining, chemically, abnormal blood, urine, morbid products, etc. The book must be judged by the manner in which this purpose has been fulfilled.

It is plain and concise. The contents embrace the following chapters: I. Organic and Inorganic Constituents of the Animal Body; II. Chemical Reactions of Chief Organic and Inorganic Constituents of the Animal Body; III. Blood, Chyle, and Milk;

IV. Morbid Conditions of Urine; V. Morbid Conditions of the Digestive Secretions; VI. Morbid Products.

This volume is in style uniform with the series to which it belongs.

Elements of Surgical Pathology. By AUGUSTUS J. PEPPER, M. S., M. B., Lond., F. R. C. S., Eng. Philadelphia: Henry C. Lea's Son & Co.

A small work on surgical pathology, suited both for advanced students and the general practitioner, has long been felt as a desideratum.

The author of the present volume has supplied this want in a way which reflects much credit upon himself, and can not fail to give satisfaction to the class of readers for which it was prepared. The work is as practical as such a work could be made, and the causes and methods of pathological processes are explained most lucidly, and as far as our present knowledge of them will admit.

The volume is one of the Students' Manual series, and should find its way to the table alike of students and practitioners.

Epitome of Skin Diseases with Formulæ. For Students and Practitioners. By the late TILBURY FOX, M. D., F. R. C. P., and by T. COLCOTT FOX, M. B., M. R. C. P. Third American edition, revised and with additions. 1 vol., 8vo, pp. 240. Philadelphia: Henry C. Lea's Son & Co. 1883.

This is a useful and handy volume, intended to afford assistance in the early study of dermatology, yet it is too superficial to be fitted for such. It is also designed as a manual for ready reference by the practitioner in his daily practice. But in some respects it is signally ill adapted for this purpose. The table of contents *does not give the name of a single remedy!!* So that any one wishing to learn the author's views in regard to any particular medicine used in dermatology has to turn over the

leaves of the book and search patiently, if perchance he may find what he wants. The book is well printed, on good paper, and well bound; in fact quite attractive.

Surgical Applied Anatomy. By FREDERICK TREVES, F.R.C.S., Philadelphia: Henry C. Lea's Son & Co.

In his very modest preface the author says "the book is intended mainly for the use of students preparing for their final examination in surgery." Mr. Treves has builded much wiser than he knew, for, limited as was his aim, he has produced a work which will command a far larger circle of readers than the mere class for which it was written. There is no doubt that beyond any natural gifts of authorship possessed by Mr. Treves, his occupations, his lines of labor and of study for years back, have specially fitted him, specially equipped him, for the production of a manual on Applied Anatomy. An experienced demonstrator in anatomy, he was therefore acquainted with its technique. A surgeon to a large hospital, he was therefore in a position to discriminate between what was useful and what useless, between what was essential and what may be dispensed with both in his own knowledge of anatomy and in that found in the average student. This union of a thorough practical acquaintance with these fundamental branches, quickened by daily use as a teacher of one and practitioner of the other, has enabled our author to prepare a work which we are free to say that the writer who would excel it will set unto himself a most difficult task.

Partly to furnish an example of Mr. Treves's style, but more in the hope that the extract may be seen by teachers of anatomy all over the country, we take the following from the preface.

> The student of human anatomy has often a nebulous notion that what he is learning will some time prove of service to him; and may be conscious also that the study is a valuable, if somewhat unexciting, mental exercise. Beyond these impressions he must regard his efforts as concerned merely in the accumulation of a number of hard unassimilable facts. It should be one object of applied anatomy to

invest these facts with the interest derived from an association with the circumstances of daily life; it should make the dry bones live.

It must be owned also that all details in anatomy have not the same practical value, and that the memory of many of them may fade without loss to the competency of the practitioner in medicine or surgery. It should be one other object, therefore, of a book having such a purpose as the present to assist the student in judging of the comparative value of the matter he has learnt; and should help him, when his recollection of anatomical facts grows dim, to encourage the survival of the fittest.

A Treatise on Bright's Disease of the Kidneys: Its Pathology, Diagnosis, and Treatment. With chapters on the Anatomy of the Kidneys, Albuminuria, and the Urinary Secretion. By Henry B. Millard, M. D. With numerous original illustrations. New York: Wm. Wood & Co. 1884. 1 vol., 8vo, cloth, pp. 246.

This work is offered by the author as the result of the experience of nearly twenty-six years of hospital and extensive private practice, and of several years' study in the laboratory of pathological and healthy kidneys of men and animals. It seems therefore that he is well prepared by study and practical experience for the task he has undertaken. Under the term Bright's Disease he includes the different forms of nephritis, and he considers all forms of nephritis as comprised in three varieties: (1) Croupous, (2) Interstitial, (3) Suppurative. The fatty and waxy kidney he regards as being simply an intercurrent or subsequent development upon one of the above forms. Croupous nephritis is the name by which the author designates what is by most writers described as parenchymatous nephritis. Under the term suppurative nephritis it seems he includes pyelitis and inflammation of the renal parenchyma, with the formation of abscess. Interstitial nephritis is made to include both the morbid process resulting in the small contracted kidney and that form known as desquamative nephritis.

In considering the treatment of Bright's disease, a very full account is given of the use of the numerous therapeutic agents

which have been recommended from various sources. Nitric acid, phosphoric acid, corrosive sublimate, cantharides, arsenic, helonias dioica, apis mellifica, euonymus atropurpureus, muriate of ammonia, ergot, jaborandi, the various mineral waters, nitroglycerine, fuchsine, rosiniline, iodide of potassium, turpentine, chloride of gold and soda, tannate of sodium, iron, etc., are all mentioned, and their respective value pretty fairly estimated.

Here and there the author is guilty of a *lapsus pennæ;* for example, where he uses the word "causology," which is not an English word, whatever else it may be. It must have been coined for the occasion, although there was no excuse for inflicting such a mongrel word, half Latin and half Greek, upon his readers. The word "etiology," of legitimate formation and in general use, ought to have answered the author's purpose. When he writes (on page 217), "Except in those cases of nephritis *due to the causology* I shall mention," he simply writes nonsense. But such defects, while they mar the beauty of a work and lessen our esteem for the author's scholarship, do not detract from the value of the book as a contribution to the literature of a most important domain of practical medicine.

It is to be regretted that the author almost entirely fails to notice the complications or secondary manifestations of Bright's disease and their treatment. The relations of Bright's disease and organic diseases of the heart receive not even a passing mention. Yet they seem well worthy of thorough consideration in a work that professedly deals with the pathology of Bright's disease.

But withal it is a useful and attractive volume, creditable alike to author and publisher.

Clinic of the Month.

REMOVAL OF TUMORS OF THE BLADDER.—Sir Henry Thompson, recently read a paper before the Royal Medical and Chirurgical Society of London on Tumors of the Bladder, embodying the history of twelve cases of this affection. In ten of these he removed the growth wholly or in part by external urethrotomy of the membranous portion of the canal. In two he did not operate. The author summarizes the results of his experience, as derived from the cases reported, as follows—and it may be remarked that nothing so valuable or important has yet been written on this subject:

The operation has in all cases consisted in opening the membranous urethra from a small median incision in the perineum, and in dilating the prostate gently and gradually with the left index finger, which when fully introduced explores the entire internal surface of the bladder, while supra-pubic pressure is made under complete anesthesia. The way is thus made for the introduction of the forceps. Of these I have designed and employed two or three forms, and found them useful to meet varied forms of growth; and some of these are now provided with cutting edges. I may remark that while in some cases the prostate is dilatable, and admits the finger without receiving much if any injury, in others a certain degree of rupture is inevitable. This I have recognized during life, and have witnessed in two of the fatal cases; but the division of tissue thus produced is not considerable.

In estimating the results of the proceeding—which it may be stated has, in every case but the first, consisted of simple external urethrotomy of the membranous portion—it is necessary to recall the fact that unless removed by surgical operation, vesical tumor is *inevitably fatal. Every recovery is a clear*

gain; and a fatal issue is simply the natural termination forestalled. In these twelve cases there have been five recoveries; and in some of these there is every reason to believe that the cure is permanent, since there is no sign of recurring symptoms. In three cases death succeeded the operation in a few days. In one it occurred in a few weeks. In the remainder, the pre-existing severe and continuous hemorrhage has been completely checked for a period of some months, and occasional slight bleedings have reappeared. The future course of these cases will be closely watched and duly reported.

Such a result I would submit is one which warrants a cautious observation of the numerous cases of hematuria which are to be found, and also the employment of digital exploration of the bladder, when the facts ascertained indicate that the cause of bleeding is not due to ordinary obvious and well-known conditions.

When an adult, either male or female, has long been the subject of unduly frequent micturition, the act mostly painful, with occasional hematuria, this sign increasing gradually in importance as the case advances, and furnishing evidence meantime that its source is vesical and not renal, a physical, that is, surgical examination of the organs is of course indicated. The result of this may show that no calculus is present, and that no obvious enlargement of the prostate or of the adjacent structures can be affirmed. Nothing in the history can be distinctly referred to as a cause; no clue in fact is offered, except such as may be found by repeated examination of the urine. And it is by this particular means that the most trustworthy information is to be obtained. But before describing the evidence furnished by the urine, I will refer to the facts which may be obtained by the study of these twelve cases. I have therefore arranged the chief points worthy to be noted in a table, so that they may be seen at a glance.

The facts referred to are as follows:

1. *Nature of the growths.* Eight were examples of simple papilloma, more or less associated with dendritic prolongations

of the villi natural to the vesical mucous membrane. When the growth consists entirely of these elongated villi, the term "villous tumor" suffices to describe them. Three consisted of growths, more or less malignant; for example, epithelioma and formation of cell-growths allied to sarcoma. These also are associated with villous development like that noted in the preceding class; and in two instances there was deposit in the neighboring glands. One was a product closely resembling the submucous tissues of the bladder without villous growth.

2. *In relation to duration of symptoms.* It is evident that the course of papilloma is slow. The symptoms are recorded as occupying periods before operation, varying from three to seven years. I have known longer terms still in cases formerly observed, and left in the natural course of events to end in death, as they invariably do, if not relieved by surgical aid. But the progress of malignant growth is more rapid in the bladder, as it is elsewhere; epithelioma as usual being the slowest of production in the class; from one year to two years and a quarter are the terms presented by the examples in our table.

3. *In relation to diagnosis.* A notable fact in the history of papilloma and of villous growths is, that the appearance of blood in the urine is one of the earliest, if not the earliest, signs of derangement in the urinary function observed by the patient. On the other hand, in the malignant growths met with, painful and frequent micturition have long preceded the appearance of blood in the urine. The same is of course true in cases of calculus and of prostatic disease.

In all vesical tumors the patient observes, as the disease progresses, that the stream of urine contains a larger admixture of blood at the close of the act than at the beginning. It often happens that the stream may commence with pure unstained urine, and become florid toward the close; and this bright red is the usual tint, and not the brown shade common in other conditions.

The microscopic examination of urine is of great importance in relation to diagnosis. In cases of villus and papilloma,

and indeed of all tumors, the microscope is of great value. After my recent experiences, I attach much greater importance to it than I formerly did. At the same time it is not difficult to be deceived by some of the products found in the urine of patients where no serious organic changes have occurred.

First let me say that the deposit from a patient's urine should be examined in a fresh state, search being especially made for shreds which are mostly passed at the end of the stream, or which may be sometimes washed out by a plain water injection through the catheter. It may be necessary to repeat this examination several times. In case seventh, I found, in the urine passed at the patient's first visit to me, one of the most perfect specimens of villous growth I ever saw. A slender, club-shaped process with a complete covering of columnar epithelium, and in the center of the stem its blood-vessels full of red corpuscles clearly seen. After this, on four consecutive days, as many examinations were repeated, but absolutely without result. The first observation, however, sufficed to assure me of the presence of tumor, and I had no hesitation in operating without further evidence, and removed a considerable villous papilloma.

The appearance of long villous processes in the urine *débris*, I take to be decisive. They are in my experience never seen as normal products, or in the absence of such diseased growths in the bladder.

Another suspicious product is the appearance of a mass of adhering fusiform or spindle-shaped cells of large size; some of them lengthened out into fibers, and when seen more or less regularly in the urine of a patient, with other symptoms, should arouse grave suspicions; but these cells are not pathognomonic like the villous. Large round cells of various kinds, often young epithelium, are of course not sufficiently characteristic by themselves. Then I have met with large, soft-looking fibers with nuclei on them, as if recently developed from cells, and believed them to be significant of growth of some kind (associated with tumor symptoms and history), have explored the bladder and found nothing! This I did in two cases; and it is

worthy of remark that in both instances the patient was much benefited by the operation.

4. *The co-existence of calculus with tumor is to be noted.* In two cases at least there had been previous formation, in the one of an oxalate of lime calculus, and in the other of several small uric-acid calculi, producing continued irritation of the bladder for some time. In both instances lithotrity had been performed recently. In a third case, that of a woman, a large calculus was found in the kidney, the symptoms of which had no doubt masked the existence of the vesical tumor; and had, before I saw her, been regarded as the cause of the hematuria. These facts at all events lend some support to the theory that papilloma may sometimes arise from local sources of irritation affecting a mucous membrane.

There is one important point still to be referred to, viz., what is the proportion of instances, regarding tumors of the bladder generally, in which we may expect to find the physical condition of the growth such as will admit of complete removal, or almost complete removal? I permit myself to say "almost complete" removal, because I am satisfied that with non-malignant products, like papilloma for example, a complete ablation of the growth is not absolutely essential to success. I am quite certain that I have removed the greater part, but not the whole of the tumor in two cases at least, in which there has been no sign of reappearance for upward of a year. I feel little doubt that when the chief mass of a papillomatous growth has been nipped off by means of forceps in or near to the base, it is impossible to affirm that all the irregular formation has been taken away; on the contrary, it is reasonable to suppose that some portion must always have been left. I believe that cicatrization takes place, and that by degrees this process leads to solidification of the tissues at the point at which evulsion was made.

I have had in one case the unusual advantage of being able to place my finger on the very site of an evulsion performed nine months before, and I then found no reappearance of growth so far as my sense of touch enabled me to judge. In the case

of malignant tumors of course no attempt would be made to remove such growths; for in no case would there be the smallest hope of being able to remove the diseased formation entire. Nor, again, were it conceivable that we could accomplish this, is there any reason to believe that advantage would accrue to the patient thereby.

I have recently made a careful examination of most of the specimens of tumor of the bladder preserved in the museums of London, and I have found about a hundred preparations, relative to which I could determine several important questions. Of these I regard about forty as malignant, and about sixty as examples of non-malignant growth; that is, specimens of what may be considered papilloma and innocent forms of villus. Of these sixty preparations, not less than thirty-five appear to me to be removable by operation. It should be remarked that many examples are labeled "cancer" which can not be so regarded; a large portion undoubtedly are so; several are probably epithelioma; but the allegation of malignancy must not be accepted in a great number in which it is made. It is, then, an instructive and striking fact that at least one half of the simple growths can be removed with a good prospect of success. I believe the proportion is greater than this, but I have been desirous to understate it rather than the contrary.

I shall now only add that I have performed the operation described for the purpose of ascertaining the cause of severe and long-standing symptoms when obscure, in twenty-seven cases altogether—twenty-one of them occurring in the last twelve months; among them I found twelve cases of vesical tumor, and removed it wholly or partially in ten. In two only I declined the attempt. I can not, therefore, doubt that the prevalence of these affections is greater than it has been customary to believe it to be; and that the victims of it hitherto have, after much unavailing treatment, both surgical and medical, slowly bled to death, under the impression that the source of the hemorrhage was renal, or at all events beyond the reach of any aid from art.

LARGE VESICAL CALCULUS IN AN INSANE PATIENT—REMOVAL THROUGH VAGINA—DEATH ON SIXTH DAY—AUTOPSY.—C. P. Bancroft, M.D., Superintendent New Hampshire Insane Asylum, writes in the Boston Medical and Surgical Journal as follows: Patient thirty-eight years of age. Has been insane for over two years. The form of her insanity, chronic mania, with hallucinations of hearing and smell. During the entire period of her insanity, patient has been much excited, at times incoherent, and generally very irritable and capricious. For a long time she insisted that there were noises in her ears, and expressed it as her opinion that there was some animal lodged within the external ear. She made many attempts to reach this imaginary animal by inserting rags, hair-pins, sticks, and other foreign bodies. Finally she insisted that there was a skunk in her nose, and that the odor was very perceptible to her. She introduced a piece of stout wire, seven inches long and bent on itself, into the right nostril, and passed it back into the posterior nares. One point appeared at the nostril, and the other curved up and inserted itself between the nasal bones at their junction with the upper lateral cartilages. The blunt end, which resembled the closed end of a hair-pin, was back in the posterior nares. This wire I was obliged to cut an inch within the nasal cavity, and, by making an incision between the two nasal bones, remove one part through the bridge and the other part through the nostril. After this episode the patient began to entertain the idea that something was lodged within the bladder. Finally, while alone, and entirely unbeknown to others, she passed a hair-pin into the urethra. This was caught up by muscular contraction and carried beyond her reach. Soon vesical irritation declared itself, and after a little while the patient voided a hair-pin pretty completely incrusted with urinary salts. Notwithstanding that her suffering must have been intense, she made no complaint, and consequently nothing was known of her trouble until she presented the hair-pin to the medical interne.

But about this same time, April 1, 1883, the patient, unbeknown to others, inserted a second hair-pin. The passage of

the first, together with a temporary amelioration of symptoms, led us to think that the trouble was over. From this time until October the patient made no complaint, but studiously kept by herself. Having an insane dislike to myself and to the assistant physician, she would allow neither of us to approach her. It is certainly remarkable that during this long period of most intense suffering she never made any complaint, her insane delusions in regard to persons and things enabling her to endure the most exquisite pain without making the slightest mention of it. Finally her suffering became so great that she could not disguise the fact in her physical appearance. She began to remain in bed, and appeared depressed and very unlike her maniacal self. During the last of October I was able to get her confidence sufficiently to induce her to make a true statement of her real condition. She then told me that she suffered the most intense pain in passing water; that she could only void it when on her hands and knees and by pressing over the pubes. I questioned her more closely, and she admitted that she had inserted *two* hair-pins instead of one about the 1st of April. A period of seven months had therefore elapsed from the date of the insertion of the hair-pin and her first mention of it.

On October 28th I passed a silver catheter, and detected a hard substance at the neck of the bladder. The finger in the vagina disclosed a hard projection at the same point.

On November 2d patient was etherized. I gradually dilated the urethra so that the forefinger could be admitted. The tip of the forefinger came directly upon the calculus at the neck of the bladder, and disclosed the fact that the stone bulged rapidly from the end first felt, and that it was one of very large size. As extraction through the urethra was out of the question I introduced a grooved director, and with patient in Sims's position made an incision an inch and one eighth long through the vesico-vaginal septum. Through this opening the stone was removed. It was as large as a medium sized hen's egg, weighed 950 grams and presented the two points of a hair-pin projecting toward the neck of the bladder, the blunt end appearing at the upper

part of the stone toward the fundus. The base where the stone rested was rough and gritty from particles of phosphatic concretion. After thorough cleansing the incision was closed with four silver sutures and patient returned to bed. After the operation she rallied very slowly; there was some vomiting; pulse was very weak and thready. Rectal and subcutaneous injections of brandy revived her to some extent.

November 6th. "The history of the past few days has been one of weakness and uncertainty. Her stomach has refused all nourishment, and the suspicion arises that the vomiting may be due to imperfect action of the kidneys. Yesterday and the day before injections per rectum were instituted." The bladder was washed out, but the water returned almost as soon as injected. Incontinence is a marked feature, the urine dribbling constantly from the urethra. Menstruation commenced to-day. Patient troubled with hiccoughs.

November 8th. Night before last watery discharges from bowels began, and the following forenoon the vomiting almost entirely ceased. The weakness continues, however. At no time since the operation has there been fever, or a pulse faster than 96. But the pulse has been, though slow, extremely weak. Patient has been perfectly clear in mind up to last evening. This has been a very characteristic feature in the case. Whenever the patient has been severely prostrated physically, she has invariably presented symptoms of mental improvement. During the entire period since operation she has discussed her case as intelligently as a sane person could have done. So frequently does this occur in the insane who become physically prostrated that one is often reminded of a metastasis, and led to conjecture whether a morbific element circulating in the cerebral centers has not actually removed itself to some other more vulnerable part. However this may be, last evening patient began to appear drowsy. This sleepiness has continued to-day. She would be aroused sufficiently to take nourishment, and immediately go to sleep. Pulse has continued about ninety-six, with no fever. About five P.M. she suddenly exclaimed to the nurse that she

suffered extreme pain in the right iliac and hypogastric region, and asked her to turn her over. She also said that she was dying, and wished the nurse to send for a physician. The nurse helped turn her over, but she almost instantly collapsed. Within five minutes I was present, but she was dying as I entered the room.

Autopsy nineteen hours after death. Rigor mortis well marked. Bladder, uterus, ovaries, and upper wall of vagina removed entire. The anterior wall of bladder was so firmly adherent to the anterior wall of the abdominal cavity that it could only be separated with some force and by careful dissection. The entire mucous surface of the bladder was very dark, congested, and thickened, and bore evidences of long-continued suppuration. The walls of the bladder presented two large cysts: one in the right wall, about mid-way between fundus and neck, evidently developed about the point where right ureter entered the bladder; the other cyst was at the very fundus. The antero-posterior cyst was quite large, and was firmly adherent to the anterior walls of the abdominal cavity. The interior of this cyst was filled with fibrous bands, phosphatic accumulations, and fetid pus. On the external wall of this cyst were two points of ulceration: one of these points had already perforated into the abdominal cavity, leaving an opening large enough to admit a probe; the other presented a discolored spot with thinning of walls and slight depression resulting therefrom. The superior cyst was smaller, sacculated, and filled with phosphatic debris and pus. This cyst marked the point where doubtless rested the blunt end of the hair-pin. By continued pressure this had produced thickening of the walls, and finally a sacculated cavity. At the neck of the bladder was a large, ragged depression representing the spot where the stone rested. Constant pressure had set in action an ulcerating process showing how nature was attempting to remove the obstacle through the vagina. The wire sutures approximated perfectly the vaginal surface, but the mucous membrane of the bladder was in no way approximated, as its ragged, ulcerated condition would not admit of such union.

The edges of this ragged depression were full of small particles of phosphatic debris, showing that the stone had been crowded down with much force into the neck of the bladder. The kidneys each weighed five ounces. In both the pelvis was dilated to quite an extent, but there was no especial evidences of damage to the rest of the organ. The cortex was of normal appearance other than showing a certain degree of congestion.

The sequence of events is an interesting one. A hair-pin slipped into the bladder through the urethra; the two points became engaged in the mucous membrane and prevented its exit. Phosphatic crystallization about the hair-pin; ammoniacal urine and resulting cystitis. Stone grows large, almost concealing the pin. Bladder makes efforts to overcome the constantly increasing obstacle, assisted by abdominal pressure from the patient. The stone becomes a ball-valve, dropping into the urethral orifice at base of bladder, and completely preventing exit of urine; by assuming knee-elbow position this ball is allowed to slip back and allow the passage of a little urine past it. In this way patient at last voided nearly all her urine. Pressure from without and within impels the fundus on to the blunt end of the hair-pin, thereby causing thickening, rupture of inner wall, and formation of cyst. This double pressure causes also forcible backing of water up ureters into pelvis of kidneys, and this in turn produces dilatation of this part. Finally this constant backward pressure separates muscular walls of bladder at point of entrance of right ureter; nature resists by throwing out inflammatory coverings; a cyst develops which is firmly attached by these resisting inflammatory processes to the anterior wall of abdominal cavity. At last nature herself is overcome; she is trying to expel the obstacle through an extemporized path into the vagina, at the same time guarding against any such accident as rupture of the expelling parts; unable to meet this double duty, one weak point gives way; perforation occurs into the abdominal cavity, followed by shock, collapse, and death. (Boston Medical and Surgical Journal.)

ANTISEPTIC DRESSINGS USED AT THE NEW YORK HOSPITAL.—Dr. Robert F. Weir, Surgeon to New York Hospital, describes in the following interesting way the manner in which antiseptic dressings are used at that institution: What we still aim at in the treatment of wounds is to place the divided or injured parts in such a condition as to permit of the best possible drainage, and to keep them at rest as long as may be without frequent renewals of the dressing; and, for the accomplishment of the latter end, we are forced to use such chemical substances as will prevent decomposition. Notwithstanding the desire to avoid the theoretical portion of this subject, one can not escape the conviction that the development of micro-organisms is associated with putrefaction as a cause of immediate concomitant effect. Although much light remains to be shed on sundry points—such as whether one variety can develop into another, whether the poisonous action of germs differs with their growth, and what soils are most favorable to their increase, etc.—yet the prime fact above mentioned is now unquestioned. Somewhat recent investigations, it is true, have shown us that micro-organisms are to be found at all times in the air-passages and the intestines, but the researches of Lister have also taught us that the living tissues have considerable power to resist the development of such germs. This fact explains away the objection so often raised that every scratch should give rise to septicemia. When, however, the tissues became unhealthy or abnormal a better soil, so to speak, is furnished for the growth of the micro-organisms. What constitutes the change in the internal organs, however, is yet an unknown quantity. Externally, we can appreciate it easier. A contusion, a laceration, or the damage done at an operation brings about such alterations in the tissues as to impair their antagonizing power, and also to furnish a fruitful soil for development.

It is the aim of antiseptic surgery to neutralize such favorable conditions for germ development. This has been best done until recently by means of carbolic acid and iodoform.

Since I first became acquainted with the excellent antiseptic

qualities of corrosive sublimate, a year ago last March, I have been using it constantly; and it is this personal experience, corroborated by witnessing its effects in the hands of other surgeons while I was abroad this spring, which leads me to present it again to you to-day, and to recommend its virtues. In the North of Germany corrosive sublimate has come to displace iodoform and carbolic acid almost entirely; iodoform, however, is used to some extent in Southern Germany, particularly in Vienna; but the healing of wounds I found was more satisfactorily produced in the hospitals of Kiel and Hamburg under the sublimate dressings than any where else that it was my good fortune to visit.

Corrosive sublimate is kept in contact with wounds in four or five different ways. Gauze, cheese-cloth, or mull, for instance, is impregnated with this antiseptic, and applied in several layers over the line of union of a wound just as the carbolic or iodoform gauze is employed. We endeavor to increase the absorbing power of this gauze by getting rid of the oily matter in it by boiling it in a weak solution of either soda or muriatic acid, then washing it again in water and drying it. Lately we have succeeded in obtaining it already prepared from the manufacturers.

But, in order to make an equable pressure upon the tissues as well as to avoid a too frequent change of the dressing, which is apt to occur with the gauze alone, materials of greater absorbing power and softness have been resorted to. Among these he names peat, wood-wool, fine jute, and the ordinary moss of the woods.

One of the great advantages of the peat dressing, as pointed out by Neuber, is the fact that it permits of a long period of perfect rest without disturbance by a change of the dressing. I saw patients in its wards who had worn the peat dressing without change for forty-two days. I have myself not felt disposed to leave a dressing on for so long a time as this, for I think that the tendency to septic absorption has usually passed away by the tenth to the fifteenth day, and that there is nothing to be gained by leaving the dressing on for a longer period. Another

greater objection to the peat and other absorbent dressings is that they are so bulky as to prevent the easy use of splints, and, hence, in the case of compound fractures, etc., I feel a desire to inspect the parts, to determine the position of the bones, etc., more frequently than once in two, three, or four weeks. In many other cases, however, the long-continued dressing is of great value. Wood-wool has greater absorbent properties than any of the other substances mentioned, it has an advantage over peat in being more cleanly. It is also easy to obtain, and costs here eight cents a pound. It is also mixed with the peat. Neither it nor peat, however, is so soft and easy to a wound as jute. The ordinary moss of the woods, which those practicing in the country certainly can always obtain—requires to be dried in an oven to kill the insects found in it. It is soft, and has strong absorbent powers; it will take up about four times its weight of water. I am disposed, from its softness and elasticity, to think that this substance would be found to be next to jute as a dressing, and after it wood-wool and peat.

Peat, wood-wool, and decalcified drainage-tubes are imported by M. Lienau, 2 Jones Lane, New York. The sublimate gauze, cotton, and catgut are excellently made by M. Ende, of Hoboken, N. J. Peat costs six cents a pound, wood-wool eight cents, and fine jute forty cents.

All these substances are prepared for use in a very simple way. The jute and moss are dipped into a solution of corrosive sublimate, one part to one thousand of water, and fifty parts of glycerin. They are steeped all night in this, then wrung out, and allowed to dry in as far as the presence of the glycerin will permit.

The gauze and cotton batting, deprived of oily matters, are immersed in a little different solution, viz., corrosive sublimate, twenty parts; water, four thousand four hundred and eighty parts; glycerin, five hundred parts, which is a one-quarter-per-cent solution. A slight aniline tinge is given to the gauze to distinguish it from the unimpregnated material. These are the solutions now used in Schede and Kümmel's wards at Hamburg,

being somewhat different from those I published last winter. I will only add, it is desirable to have these preparations somewhat freshly made, as often slight deterioration occurs from the change of the bichloride into calomel.*

At the time of the operation a solution of corrosive sublimate, one part to one thousand of water (sometimes one to two thousand) is allowed to trickle slowly, but nearly continuously, over the incision.† It is made to run so freely at some of the clinics in Germany that the surgeon and the assistants wear not only a rubber operating coat, but also rubber shoes, in order that they shall not be swamped with the fluid. In order to protect the patient from this deluge, an ingenious device of rubber cloth is resorted to. The limb is passed through a hole in a large rubber sheet, which is tightened by a purse-string of rubber tubing, and the upper half of this sheet is then thrown back on the patient's body.

The bleeding vessels are tied, not with catgut made according to the Listerian method, but by being put in a bichloride solution, one part to one hundred of water, for ten minutes, and then in a watery solution of one to one thousand for ten to fifteen hours, and afterward wound on bobbins and kept in absolute alcohol. This makes a much better ligature than when the catgut is prepared according to the formula given last year, and which was formerly used in Germany. According to that method, the catgut was kept in a solution of sublimate in alcohol and glycerin, which made it unsatisfactory. We also sometimes make use of the ligature prepared according to the method of Kocher, of Berne, namely, first putting the catgut into the oil of juniper twenty-four hours, and afterward into absolute alcohol. Both of these kinds of catgut are great improvements on the oily catgut of Lister, not slipping, and being much easier to handle, as well as more satisfactorily antiseptic. The chromic-

*This is easiest tested by dropping some lime-water on the dressing. If a yellow spot is seen, bichloride is yet present; if a black spot appears, calomel has formed.

†In operations involving the thoracic and abdominal cavities the carbolic spray continues to be employed.

and-sulphurous-acid dry catgut of Lister has been found to be too hard and insoluble, and has therefore been discarded. The possibility of absorption of the corrosive-sublimate solution causing toxical effects has been kept in mind, and has led some to the use of a milder antiseptic, such as that suggested by Thiersch, of Leipsic, which, consisting of boric acid six parts, salicylic acid one part, and water five hundred parts, is called the boro-salicylic solution. This is allowed to flow over the wound in the course of the operation, the final washing being made with the corrosive-sublimate solution. Schede, however, informed me that he had employed the corrosive-sublimate solution in over a thousand cases, and had found toxical effects in only three or four instances, and then only as a stomatitis or a diarrhea not requiring the dressing to be abandoned. I myself have not seen, so far, any poisonous effect from the use of the sublimate solution. It sometimes causes a slight erythema around the edges of the wound, but no more so than do carbolic acid and iodoform, and not so much as does subnitrate of bismuth, which is an antiseptic that has recently been introduced to us by Kocher, of Berne, but which unfortunately has no control over erysipelas.

All hemorrhage having been checked and the parts cleansed, you proceed to sew up the wound, using catgut, not silk, for this purpose. If silk be used, it must have been previously impregnated with the corrosive sublimate. Instead of the ordinary interrupted suture, the continued suture is what is now employed, and, if it is necessary to recross the stitch, no disadvantage results from that fact. There must be sufficient space left to admit of an ordinary rubber draining-tube, or that introduced by Neuber, made of decalcified tubes cut out of bone. You can make them, however, of chicken-bones, for instance, by placing such in dilute muriatic acid until only the soft part remains. In cases of amputation, or wounds where it is important to get primary union, it is desirable to use these decalcified tubes, as, in the course of four or five days, the major portion of them will have been absorbed or dissolved, making it unnecessary to remove

the dressing in order to get rid of the tube, which we are obliged to do when the rubber draining-tube is employed. One objection to the bone tube is that it often becomes absorbed too quickly;* to obviate which Küster, of Berlin, keeps it in absolute alcohol before use. Having cleansed the wound carefully by squirting the sublimate-solution through the drainage-tube, you place over it several sponges to firmly compress it, and then take a piece of sublimate gauze, called a handkerchief technically, clap it over the center of the wound, and with it, in lieu of the sponges, make considerable pressure, and over that place half a dozen more pieces, in each instance renewing the pressure over the face of the wound. Then, over the central portion, you may apply either more of these handkerchiefs, or a compress of several thicknesses of sublimated gauze. The gauze should not be in too damp a condition, in order that, when the bandage is applied and firm pressure made, it may retain a degree of elasticity and better secure rest. After securing your handkerchiefs over your wound by a few firm turns of sublimated gauze bandage, you apply your absorbent dressing, consisting of peat, wood-wool, or whatever it may be, done up in bags of suitable size and shape. These bags are from one to two inches thick, and tacked together in a number of places to preserve an even thickness. You may apply three or four smaller ones, adapting them about the wound, and then a larger one over these, and bind all firmly with a crinoline bandage dipped in the antiseptic solution, tucking sublimated cotton under the free edge where needed. We do not use any impermeable substance on the outside of these dressings, as is done by Lister, as a precaution against the volatility of his carbolic acid. That is not necessary in the more permanent dressing; moreover, the pads are very thick, and the discharges do not readily reach the outer surface. There is, moreover, an objection to the impermeable outer covering, in that it not only preserves the moisture

*Another is that, when kept in carbolized oil for some time, they become too soft. They can be hardened by placing them in alcohol and glycerin, equal parts, adding to the mixture half a grain of sublimate to the ounce.

of the dressing, with which it is employed, but it also retains the perspiration which takes place in the limb, and thus acts too much as a poultice.

If you find that on the second or third day there is no elevation of temperature, you may consider that your patient is doing well. If you find a slight staining from the discharge coming through the dressing, just douche the parts with the bichloride solution, and apply over the place an additional mass of sublimate cotton or gauze, and let matters go a day or two. In other words, we do not change the dressing until we find some decided signs that things are going wrongly. In fact, Esmarch told me that he did not consider a mere elevation of temperature of itself to indicate the need of change in the dressing. I should not be inclined to accept that view, but should consider an elevation of temperature persisting for twenty-four hours a sufficient reason for removing the dressing and searching for the cause.

On account of the action of the bichloride solution upon metals, we are still in the habit of immersing our instruments in a five-per-cent solution of carbolic acid.

PHYSOSTIGMA AND ESERINE IN THE NIGHT-SWEATING OF PHTHISIS.—Dr. William Murrell, F. R. C. P., writes in the Practitioner as follows: I have used physostigma and the salts of its alkaloid in the treatment of the night-sweating of phthisis for nearly two years, and have notes of over fifty cases. Of these thirty-three were males and seventeen females. Of the adults thirty-eight were between the ages of twenty and thirty-nine. The oldest patient was forty-nine, the youngest was a girl of four. They were all out-patients at the Royal Hospital for Diseases of the Chest, and they were all suffering from phthisis. Their symptoms were those usually met with in these cases—cough, expectoration, more or less hemoptysis, loss of flesh, and night-sweating. With regard to physical signs, all stages of the disease were represented; in some there was simply consolidation, others had moist sounds over the chest, and in others again the indications of the existence of a cavity were apparent. The sweating was

in every instance profuse, only well-marked cases being selected for observation. It is hardly necessary to say that while the physostigma was being taken no other treatment was adopted. The only exception to this was in the case of cod-liver oil. If the oil had been taken continuously for some time, it was thought better to allow the patient to go on with it rather than to introduce a disturbing element by discontinuing its use.

Of the fifty cases thirty-four were treated with physostigma itself. The preparation was the extract, the dose one tenth of a grain made into pilules with sugar of milk. In ten cases one pilule only was given at bedtime, and in eight of these the sweating was completely arrested by the fourth or fifth night. Of the two cases of failure, one was relieved by two pilules of physostigma at bedtime, and the other by a twenty-grain dose of agaric. In twenty-four cases the physostigma pilules were given three times during the night, and this gave even better results. In most cases the sweating was checked the first or second night, and in every case it had almost ceased by the end of the week. In some cases, where there was profuse sweating during the day as well as at night, a pilule was given every four hours. The dose is too small to produce "untoward effects," and no hesitation need be felt in repeating it frequently. The sweating, once stopped, does not as a rule return for three weeks or a month, but at the expiration of that time it is usually necessary to resume the treatment. In two cases in which the physostigma failed to act promptly, Shoemaker's oleate of zinc was used as a dusting powder at bedtime with excellent effect. This new oleate is a beautiful grayish-white soft powder, but as it has a slight though hardly perceptible odor, it should be prescribed with the addition of one five-hundredth part of thymol. The combination is a pleasant one and succeeds admirably, not only in excessive sweating, but as a remedy for many acute and irritable skin diseases.

I have used three salts of eserine—the hydrobromate, salicylate, and sulphate—and all three answer equally well. The dose

best adapted for the treatment of excessive sweating is the sixtieth part of a grain, and this may be conveniently made into pilules, one to be taken three or four times during the night. In fifteen consecutive cases in which I gave them I had no failures, although it is hardly likely that this mode of treatment will succeed in every case.

Physostigma is undoubtedly a good remedy for excessive sweating, but there is no reason to suppose that it will take the place of other and better known modes of treatment. It may be said that we have now so many remedies for sweating, that practically it is not desirable to extend the list. This may be true, but on purely pharmacological grounds the use of calabar bean to check sweating is of interest.

In one case of phthisis I gave the patient at intervals six hypodermic injections of a sixtieth of a grain of sulphate of eserine. The temperature was taken every four hours for six weeks, but I could not see that it influenced it in any way.

On Certain Modifications of the Operation for Squint. Dr. Charles Bell Taylor says, in a clinical lecture on squint, reported in the Practitioner: The operation for convergent strabismus is usually attended with most favorable results, and, provided that the tendons only of the internal recti are divided, but little after-treatment is required. The method I have adopted in such cases is a modification of the late Von Graefe's operation, whose practice I had an opportunity of witnessing when a student in Berlin. Von Graefe used to make an incision directly over the insertion of the internal rectus, expose the tendon, and divide it on a small hook. This procedure involved either an open wound or a suture, and in order to obviate the inconvenience attending the insertion and subsequent removal of a thread, I have been in the habit of making an incision directly over the lower border of the internal rectus muscle, inserting a small hook beneath the tendon, causing the extremity of the hook to project beyond its upper border and cutting on the point, thus dividing the attachment of the tendon under the small bridge

of conjunctiva, which is allowed to remain. In this way we have a small puncture and counter-puncture but no open wound, and the tendon, and the tendon only, is divided as readily as though it had been laid bare.

In external strabismus, if the case is slight, I divide the external rectus subcutaneously, and insert a suture just over the tendon of the inferior rectus. Having thus secured the control of the eyeball, I turn it inward and secure it in this position by attaching the suture to the internal canthus. This forced inversion of the eyeball is maintained for some days, and the external rectus, being as it were compelled to attach itself further back on the eyeball, loses its power of abnormally diverting the globe, and the deformity is removed.

In medium cases I divide the internal and external recti muscles subcutaneously, and secure inversion as before. In this case the internal rectus is brought forward and the external rectus is thrown back. The advantage of these methods of operating is that there is no open wound, no risk, and very little inconvenience to the patient.

In very marked cases, I have endeavored to simplify the ordinary and somewhat formidable operation by merely shortening the internal rectus, leaving the external rectus untouched. This is easily done by catching up the internal rectus tendon on a hook, exposing it, and freely separating its attachment to the sclerotic, seizing the tendon with forceps, and by two horizontal snips converting it into a narrow strip. The base of this strip is then transfixed by a needle armed with a thread, half an inch or more of muscular tissue cut off, and a firm attachment to the sclerotic immediately over the inferior rectus tendon secured by perforation with a needle attached to the other extremity of the thread. The two ends of the ligature are then carefully drawn together, while the eyeball is turned inward, and any required amount of inversion is thus obtained. This method of operating is quite as successful in result as any operation can be. It is scarcely more formidable than the ordinary tenotomy for internal squint. The external rectus is untouched, only one

suture is required, no anesthetic is usually necessary, and the operation is one that admits of rapid execution.

FIBROID POLYP OF THE FEMALE URETHRA SUCCESSFULLY REMOVED.—Miss L., aged twenty-one years, had vesical trouble. for two years prior to the time she was seen by me. There was great difficulty in making water, the stream coming frequently in a small interrupted jet, and sometimes dribbling away. She had a constant desire to micturate; this was exceedingly painful, attended with a scalding, burning sensation; the urine at times tinged with blood. After the completion of the act of urination there was a marked tormina and tenesmus of the bladder. If the bladder could not be emptied immediately, an involuntary discharge of urine took place. The patient, very despondent, suffered from various nervous phenomena; tongue foul; frequent headache; acid eructations; gaseous collections in the bowels; fullness and painful sensation in the lower part of the hypogastric region, and darting, lancinating pains in the small of the back, extending down the thighs. The attention of the patient was frequently directed, while walking, to a painful swelling at the upper anterior portion of the vaginal outlet; so disagreeable did this sensation become that she was debarred from taking the necessary out-door exercise. The general constitutional symptoms and the local vesical trouble were greatly aggravated at each monthly epoch. On passing my finger into the vagina along the under surface of the urethra, and at the junction of the latter with the bladder, I could distinctly detect the presence of a growth. There was but little mobility in the tumor. A silver catheter passed along the urethra was arrested about half an inch anterior to the neck of the bladder, but with a little patience the instrument passed the growth, entering the bladder. The effort gave considerable pain. Withdrawing the catheter, a small probe was passed between the upper wall of the urethra and the tumor; the only point of obstruction being the lower wall, where it was believed the tumor was attached. Finding the urinary meatus patulous,

the finger was passed into the urethra up to the obstruction, which was found to be a pedunculated growth, the body being bent backward into the bladder.

On May 19, 1883: The patient under the influence of chloroform, a grooved director was passed down the urethra to the neck of the tumor, a bistoury was pushed through, dividing the urethral canal along the groove of the director from a point one quarter of an inch from the meatus back to the attachment of the growth. Through this wound a pyriform-shaped fibroid polypus was drawn out, the body about the size of an egg, with a short, constricted neck. A needle armed with a double carbolized ligature was passed through the pedicle close down to the wall of the canal, the base securely tied, and the tumor excised a little above the loop. After cleansing the parts with carbolized water, the wound was closed by eight interrupted silver wire sutures. A rubber tube was placed in the bladder to conduct the urine. The patient complained of some tenderness at the lower part of the bowels. For forty-eight hours after the operation there was febrile reaction, with vomiting of bilious matter.

The vagina and bladder were syringed daily with carbolized water. Sutures removed on fifteenth day. Wound healed. The patient was entirely relieved of all vesical trouble. (North Carolina Medical Journal.)

On the Use of Lythrum Salicaria.—Dr. Campardon, in the *Bulletin Général de Thérapeutique*, extols the use of this remedy very highly in acute or chronic inflammation of the gastro-intestinal mucous membrane. In his opinion, the previous want of success in its use has been due to the way in which it has been prepared; as for example, it has been used more as a decoction than as an infusion—containing tannin and a large proportion of mucilage, as it does, a prolonged *coction* would destroy the mucilage. He cites cases of dysentery, of acute and chronic diarrhea, particularly when dependent on an atonic condition of the intestine—or as observed in the convalescence

of typhoid fever—and in the diarrhea of children occurring in the course of dentition, where he has readily and easily checked the disorder. The drug has shown that it has not only a slightly astringent character, due to the tannin, but also that the mucilage quiets the pain, modifies the secretions, and manifests a general sedative action. The effect of the drug does not seem to be to produce the dry, painful constipation, as with bismuth, for example, but rather to restore the condition of the bowels and stools to their natural state. An excessive dose (ten to twelve grams per day) will produce a gastric disturbance, giving the mouth a taste of the drug, an increase in the number of passages to sometimes six per day, and a diminution of the appetite. In affections of the buccal mucous membrane, as ulitis and aphthæ, the tincture of lythrum has been very serviceable. In coryza acute vaginitis with hypersecretion, chronic catarrhal vaginitis, vulvar prurigo, eczema and intertrigo, the drug, powdered and applied locally, has proved beneficial. In the acute stage of varicose ulcers, the powder of lythrum has lowered the temperature, relieved pain, and hastened the formation of the cicatricial pellicle; the ulcer being washed morning and evening with a strong infusion of lythrum, and the powder renewed daily over the surface of the ulcer. Its use has been recommended in hemoptysis, but Dr. Campardon tried it in several cases without success. The preparations are:

Infusion—thirty to forty grams of the leaves and incised stalks to one thousand grams of water.

Powder—three to five grams in twenty-four hours, one gram in a wafer as a dose. The highest dose used was eight grams, in a case of chronic diarrhea of four months' standing, which was relieved in less than three weeks.

Extract—two to four grams a day, in solution; children take readily a syrup made of one gram of the extract to thirty grams of syrup, given by the coffeespoonful each hour. The extract mixed with the powder to form pills of twenty centigrams each is more acceptable to some persons than the powder alone.

Tincture—twenty drops on a lump of sugar, four or five times a day.

For external use—three to four or five tablespoonfuls in a sufficient quantity of water to form an injection or lotion—or, dissolved in the tincture of salicylic acid (one gram to twenty-five grams), two or three tablespoonfuls in a sufficient quantity of water as an injection or lotion.

RETENTION OF PLACENTA AFTER DELIVERY IN A UTERINE POCKET.—Prof. Herrgote (*Memoires de la Societie de Medicine de France*) relates a case, with admirable illustrations, of what he calls *enchatonnement* of the placenta. It is not easy to translate this phrase satisfactorily, but it signifies a condition of things which would resemble closely what we know as the hour-glass contraction of the uterus, were it not that there is an independent pouch projecting from the walls of the uterine fundus which incloses the placenta. The case, so far as the phenomena of labor and delivery of the child is concerned, appears to have been normal. The history of the case showed that bad treatment during pregnancy had been sustained, such as kicks upon the belly and three falls upon the back upon the staircase; but this treatment did not seem to be followed by any ill effects. The placenta not coming away in due time after delivery of a child by vertex presentation, abdominal palpation found the uterus two finger breadths above the umbilicus, hard and markedly bi-lobed. The principal lobe was the highest and to the right. Attempts were made to remove the placenta by introducing the hand into the uterus, and it was found to correspond in situation with the upper abdominal tumor—the cord attached and passing through a narrow orifice, which only admitted two fingers. The cord was detached from the placenta by the traction made upon it, and the constriction would not yield to any efforts at dilatation. No further efforts at removal were made, and the patient died of purulent peritonitis at the end of the fifth day.

The post-mortem showed a uterus having a long axis, directed

superiorly to the right, measuring 0 m .17. The entrance of the right fallopian tube was seen to be on a level with the constriction, which led into a lobe measuring 0 m .07 in diameter, and 0 m .07 in height. The origin of the left fallopian tube was 0 m .03 below the seat of constriction. The uterine walls were firm throughout, being of the thickness of 0 m .015 in the body of the uterus and of 0 m .003 in the punch or lobe which contained the placenta.

This examination showed that the condition was not due to a vice of conformation, to a duplicity, complete or incomplete, of the uterus; that it was not produced by a spasmodic contraction of the womb, but that it rather resulted from the non-contraction of that portion of the uterus upon which the placenta was attached, and which was afflicted with inertia, while the remaining portion of the uterus contracted, thus being passively distended over its contents and thinned in its walls, becoming a true hernial pouch on the uterine surface, the constriction to which became more and more pronounced as the body of the uterus diminished in size.

Female Education.—Dr. Clouston, in a lecture on this subject delivered before the Philosophical Institution of Edinburgh, and published in the Popular Science Monthly, says: If the education process for the female is to be just on the lines of that for the male, if the mold into which the brain of each is to fit is to be the same type—and there is no question of emasculating the male type—then, undoubtedly, in the result, we must expect to find a change in the female type of mind. Very many competent observers say that this is actually very apparent in some of the school-girls of the present day. The unceasing grind at book-knowledge, from thirteen to twenty, has actually warped the woman's nature and stunted some of her most characteristic qualities. She is, no doubt, cultured, but then she is unsympathetic; learned, but not self-denying. The nameless graces and charms of manner have not been evoked as much as they might have been. Softness is deficient. It takes much to alter the

female type of mind, but a few generations of masculine education will go far to make some change. If the main aims and ambitions of many women are other than to be loved, admired, helped, and helpful, to be good wives and mothers with quiverfuls of children, to be self-sacrificing, and to be the centers of home-life, then those women will have undergone a change from the present feminine type of mind.

Dr. Clarke, in his book, "Sex in Education," says: "Experience teaches that a healthy and growing boy may spend six hours of force daily on his studies, and leave sufficient margin for physical growth. A girl can not spend more than four, or, in occasional instances, five hours of force daily upon her studies, and leave sufficient margin for the general physical growth that she must make in common with a boy, and also for her own development."

RESORCIN IN CUTANEOUS DISEASES. — Though the author does not claim great experience in the treatment of diseases of the skin by resorcin, yet he regards the results he has attained as so uniformly good as to be worthy of reporting. In facial and "migrating" *erysipelas* he has used a two-per-cent solution of the drug locally with good effect. This, combined with the internal use of the same drug, in doses of four to eight grams (sixty to one hundred and twenty grains) a day, when fever was present, caused a rapid defervescence, and checked the progress of the disease. In *wounds* of the skin and in vulvo-vaginal wounds following parturition, even when a diphtheritic process has been set up, resorcin in solution of ten per cent or less exerts a rapidly favorable action. In a number of cases of *impetiginous eczema* of the head and face, he used the following ointment:

℞ Rescorcin, ... 1.0 to 2.0;
Vaselin, ... 10.0.
Ft. unguent.

This, after five to eight applications, caused the crusts to dry up and disappear, leaving a rosy spot. Where the crusts are

very large, and on being removed show a denuded surface, this ointment being used, the crusts form again in finer layers, and at last disappear. The serous oozing of eczema is also immediately checked by this ointment.

In *varicose* superficial *ulcers* he uses either the ointment or a two-per-cent solution with good effect. In exuberant granulations which bleed easily he uses pure resorcin instead of cauterizing with arg. nitrat. This produces a whitish or greenish eschar, cleans up the surface, and removes the exuberant granulations. For further treatment he applies compresses of one to two-per-cent solution. In some cases it is well to substitute a ten to fifteen-per-cent ointment for the lotion.

In a case of *epithelioma* of the skin he used the above ointment with a mitigating effect on the pain, a checking of the spreading, and a cleaning of the sore.

He believes that resorcin has a special affinity for the epithelial tissue of the skin, improving its nutrition, modifying new formations, and destroying pathological new cells. (*Gior. Ital. delle Malattie Venerce e della Pelle.*)

THE LITHOPHONE.—This instrument was invented by James McKinzie Davidson, M.B., C.M., and is the result of his experiments with a rubber tube attached to the handle of a sound in an attempt to transmit the impression of the striking of the end of the sound against a calculus in the urinary bladder, to the ear. As described in the Lancet, the sound has a hollow cylindrical handle, open at the end like the mouth of a gun. The stem is of solid steel, and nickel plated, and does not differ from the short-beaked sounds new in use. The handle is two inches and a quarter long, and hollow, with a diameter of half an inch. Externally, it has roughened longitudinal ridges, for convenience in manipulation. A piece of small and light India rubber tubing, about thirty inches long, is bent at one end, and the loop so formed is thrust into the tubular handle. The other end, fitted with an ivory or bone ear-piece (such as is used with the otoscope), is put into the ear, where it should remain fixed with-

out requiring to be held. A binaural arrangement can be easily made of this, which would greatly intensify the note, and with it two persons can listen at the same time, and so verify the diagnosis with greater exactness. A modification of this is also given, in an egg-shaped bulb at the extremity, instead of the looped end, which barely exceeds half an inch in its widest diameter, and is squeezed into the tubular handle.

In its practical use, a particle of sand weighing less than one five-hundredth of a grain, lying on cotton wool, was detected by hearing its contact with the lithophone; and Alexander Agston, Professor of Surgery at Aberdeen, gives the details of a case where a man was admitted to hospital suffering from bladder symptoms which pointed to the probable existence of a calculus. The use of the sound by the sense of touch did not detect the stone, but by the use of the lithophone its presence was apparent to every one. The stone was crushed by the lithotrite, whose index gave it a diameter of three-eighths of an inch.

Variation and Disappearance of Cardiac Murmurs.—Dr. E. Hyla Greves writes concerning the variations and changes so often observed in certain cardiac murmurs, dependent on definite organic lesions. He relates the histories of several cases, from a study of which he draws the following conclusions: (1) Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed upon the presence or absence of murmurs, but other symptoms must receive careful consideration, for often on them alone is it possible to form a correct diagnosis. (2) The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle and dilatation of its cavities and orifices, as

in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment. (3) Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed this condition is recovered from, as is indicated by the disappearance of the murmurs. (4) Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear. (5) Aortic diastolic murmurs in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present and remains persistent, thus indicating the existence of the lesion. (6) Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently. (Liverpool Medico-Chirurgical Journal.)

Bromide of Ethyl and Nitro-Glycerin.—Professor O. Berger has found bromide of ethyl useful, (1) In neuralgic conditions of the nerves of the face and head, in megrim, and in nervous headache and heaviness. The inhalation of twenty to forty drops of the remedy several times a day has lessened headache in cases where quinine, salicylic acid, caffein, and guarana had all proved useless; and in three cases of headache connected with cirrhosis of the kidney it was better than any other remedy. (2) In neurasthenia: it is here given in doses of from one to three grams twice or thrice a day if necessary. (3) In epilepsy: here it is of very little use, although Bourneville and D'Ollier considered it useful. They narcotized their patients daily for ten to twenty minutes with it, but when given in doses of one gram daily by inhalation it is useless. It is besides expensive, and causes much depression. When inhaled before or during the epileptic attack it only prevents or cuts it short in exceptional cases. (4) In hysteria it is of more use. The attack of hystero-epilepsy may sometimes be cut short by narcotizing with it for ten or fifteen minutes, eight to twelve grams of the drug being required. When given in doses of a half gram

to two grams by inhalation once or twice a day, it may avert a threatened attack of hystero-epilepsy. (5) In several cases of psychical excitation the bromide of ethyl has proved serviceable. The author finds nitro-glycerin also useful in headache. (*Breslauer ärztl. Zeitschrift.*)

CACTUS GRANDIFLORUS IN SEXUAL EXHAUSTION.—Dr. Pitzer says, that while other remedies are required to effect a permanent cure, nothing will give more speedy relief in this condition than cactus grandiflorus. It immediately strengthens the cardiac plexus of the sympathetic and improves cardiac nutrition of the heart. The pulse becomes regular. The expression is hopeful, and past sufferings seem to have been only dreams. It may be said that these symptoms are all secondary, and that cures can not result from drugs prescribed for these. This is true, but no drug, no matter how effective in healing the original disease, can possibly effect its purpose so certainly and so speedily while the patient is laboring under the terrible nervous symptoms above narrated, which so quickly pass away under the influence of cactus. The primary disease has sometimes, to a great extent, disappeared, but continued long enough to excite the cardiac neuroses referred to. This secondary lesion has existed so long that it does not readily pass away, though the original disease be gone. Here the cactus is not only indirectly curative, but it cures in fact. In all these cases:

℞. Tinct. cactus grand., ... ℥j;
Aquæ, ... ℥iv.
M. Sig., one teaspoonful four times a day.

In some cases it is combined with pulsatilla, in others macrotys. (American Medical Digest.)

AIR IN THE UTERINE SINUSES—DEATH.—Dr. Gustave Braun, of Vienna, asserts that, even in normal labors, when the vaginal cleft is large the entrance of air into the genital tract is very easy, and further, that by mechanical means, as, for instance,

injecting fluids into the uterus, this air may be pressed into the veins of the uterus, causing rapid death. He relates a case showing how by manipulation of the uterus air may be pressed into the sinuses. A strong, healthy bipara had a normal labor, her position being on the left side. Immediately after the delivery of the baby the woman was turned to the dorsal decubitus and massage of the uterus begun, the placenta followed quickly and easily. Suddenly, with a convulsive quiver, she lay motionless, deep collapse, gasping respiration, and death followed in short order, in spite of all efforts. At the autopsy air bubbles were found in the veins of the uterus, neck and the heart, fully confirming the diagnosis, made before death, of paralysis of the heart from the presence of air in the circulation. Braun gives the following explanation of the case: By the change in position air entered the gaping vagina, was drawn into the cavity of the uterus by the manipulation of that organ, then, the cervical canal being filled by the placenta or otherwise, the continued pressure on the fundus forced the air into the gaping sinuses. Braun believes that many so-called cases of post-partum collapse find a sufficient explanation in this case.

Delivery Prevented by an Enlarged Fetal Spleen.—Surgeon-General Chas. R. Francis, of the British army, reports in the Medical Press and Circular this very singular case. A well-formed, native female, aged twenty, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was an obstacle to

delivery. A guarded scapel was introduced, and after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The placenta came away in eight hours without flooding, and the woman made a complete, though slow, recovery. (Md. Med. Journal.)

TREATMENT OF WENS BY ETHER INJECTIONS.—A communication to the *Bulletin Générale de Thérapeutique*, by Dr. Lemoyez, Interne at the Hôpital St. Louis, Paris, discusses the different methods of treatment of sebaceous cysts of the face and scalp, and recommends parenchymatous injections of pure sulphuric ether. A case is reported of a man debilitated and affected with chronic alcohol-poisoning, therefore a bad subject for a surgical operation, who was relieved of a wen of five years' growth by ten hypodermic injections of ether, practiced at intervals of a day or two. The result was the conversion of the tumor into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted, the treatment resulted in a perfect cure in a month, without keeping the patient in bed or restricting his movements as would have been required by the ordinary operation. The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risk of a surgical operation, or in any way interfering with his business. The injections are made into the interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic syringe being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins. (Medical Times.)

INFLUENCE OF MORPHINISM ON PREGNANCY.—In the Société de Biologie, of Paris (*Comptes Rendus*), M. Ch. Féré gave his observations in a young woman of twenty-two years, who was

hysterical and the daughter of a hysterical mother, who was addicted to morphinism. She had been using morphine freely for three years, at first for facial neuralgia, when she became pregnant. It being advisable to diminish the dose, she was taken with intense uterine colics. At the time the dose was diminished she was taking twenty-four centigrams of chlorhydrate of morphia per day hypodermically, and was six months advanced in pregnancy. At the time of her confinement she was taking only sixteen centigrams. M. Tarnier attended her through a normal labor. A progressive diminution of the dose of morphine was continued, but at each effort at reduction the uterine colics were reproduced, and the uterine contractions checked the discharge of the lochia, causing a complication which required much care in the degree of diminution.

With the child there was also curious phenomena noted. During pregnancy the active movements of the child seemed to resent the absence of the morphia. After birth the child remained sixty hours without sleeping. There was evidently in this a relation between the absence of morphia in the mother and the insomnia in the child.

Forceps in Breech Presentations.—Prof. W. T. Lusk has reported to the Practitioners' Society of New York a case in which he applied forceps to the breech. A primipara, aged thirty-two, had had a long first stage, when the cessation of pains made operative interference necessary. The breech presented high up in the pelvic cavity with both thighs flexed. Unsuccessful effort was made to extract the breech by traction with the index fingers hooked into both groins: it was then decided to try forceps. One blade of the ordinary Simpson forceps was applied over the sacrum, the other over the posterior surface of the opposite thigh. The forceps did not slip; the breech was brought to the perineum, and a living child, weighing eight pounds, was delivered in fifteen minutes from the beginning of the operation. The only injury occasioned by the forceps was a slight abrasion of the abdomen, which healed quickly.

Notes and Queries.

THE LOUISVILLE MEDICAL HERALD.—Dr. Dudley S. Reynolds, the founder and editor of the above monthly, has sold it to Drs. Edward Miller and W. H. Galt, of this city. The publishers remain the same.

Dr. Reynolds's reasons for parting with the Herald are stated in his valedictory to arise from the demands of private practice, and the desire to have increased time to give to an original work on the eye, which he is now engaged in preparing.

As an editor, Dr. Reynolds exhibited many commendable qualities, and his readers whom he served with praiseworthy fidelity will experience much regret in his retirement.

The purchasers of the Herald are neither of them without experience in their work. Dr. Galt, particularly, is acquainted with journalistic methods, having been an editor of the Louisville Medical News when that brilliant sheet was engaged in correcting, in its own unequaled way, certain abuses, and shattering certain shams which had grown up in more than one medical school both here and elsewhere. During his connection with the News Dr. Galt brought himself before the medical public as a forcible and very pleasing writer.

Dr. Miller, besides being a welcome contributor to the medical press, conducted with much ability the American Bi-Weekly and the Richmond and Louisville Medical Journal during the long illness of their proprietor.

We wish the Herald increased prosperity under its new management.

The foregoing notice was intended for the January number of the AMERICAN PRACTITIONER, but in some way was omitted. Meanwhile the first issue of the Medical Herald under its new editors has been received.

In paper and press-work the Journal appears unchanged. Referring to its contents, it requires no prophetic eye to see that if the tone of its salutatory and the petty spite lurking in a couple of feeble lampoons which it indites are to be received as samples of what is to follow, the days of the Herald, like those of man born of woman, will be "few and full of trouble."

SCIENCE AND RELIGION.—While the beliefs to which analytic science thus leads are such as do not destroy the object-matter of religion, but simply transfigure it, science under its concrete forms enlarges the sphere for religious sentiment. From the very beginning the progress of knowledge has been accompanied by an increasing capacity for wonder. Among savages, the lowest are the least surprised when shown remarkable products of civilized art, astonishing the traveler by their indifference. And so little of the marvelous do they perceive in the grandest phenomena of Nature that any inquiries concerning them they regard as childish trifling. This contrast in mental attitude between the lowest human beings and the higher human beings around us is paralleled by the contrasts among the grades of these higher human beings themselves. It is not the rustic, nor the artisan, nor the trader, who sees something more than a mere matter of course in the hatching of a chick; but it is the biologist, who, pushing to the uttermost his analysis of vital phenomena, reaches his greatest perplexity when a speck of protoplasm under the microscope shows him life in its simplest form, and makes him feel that however he formulates its processes the actual play of forces remains unimaginable. Neither in the ordinary tourist nor in the deer-stalker climbing the mountains above him does a Highland glen rouse ideas beyond those of sport or of the picturesque; but it may, and often does in the geologist. He, observing that the glacier-rounded rock he sits on has lost by weathering but half an inch of its surface since a time far more remote than the beginnings of human civilization, and then trying to conceive the slow denudation which has cut out the whole valley, has thoughts of time and

of power to which they are strangers—thoughts which, already utterly inadequate to their objects, he feels to be still more futile on noting the contorted beds of gneiss around, which tell him of a time, immeasurably more remote, when far beneath the earth's surface they were in a half melted state, and again tell him of a time, immensely exceeding this in remoteness, when their components were sand and mud on the shores of an ancient sea. Nor is it in the primitive peoples who supposed that the heavens rested on the mountain-tops, any more than in the modern inheritors of their cosmogny who repeat that "the heavens declare the glory of God," that we find the largest conceptions of the universe or the greatest amount of wonder excited by contemplation of it. Rather, it is in the astronomer, who sees in the sun a mass so vast that even into one of his spots our earth might be plunged without touching its edges; and who by every finer telescope is shown an increased multitude of such suns, many of them far larger.

Hereafter, as heretofore, higher faculty and deeper insight will raise rather than lower this sentiment. At present the most powerful and most instructed intellect has neither the knowledge nor the capacity required for symbolizing in thought the totality of things. Occupied with one or other division of Nature, the man of science usually does not know enough of the other divisions even to rudely conceive the extent and complexity of their phenomena; and supposing him to have adequate knowledge of each, yet he is unable to think of them as a whole. Wider and more complex intellect may hereafter help him to form a vague consciousness of them in their totality. We may say that just as an undeveloped musical faculty, able only to appreciate a simple melody, can not grasp the variously entangled passages and harmonies of a symphony, which in the minds of composer and conductor are unified into involved musical effects awakening far greater feeling than is possible to the musically uncultured, so, by future more evolved intelligences, the course of things now apprehensible only in parts may be apprehensible all together, with an accompanying feeling as

much beyond that of the present cultured man as his feeling is beyond that of the savage.

And this feeling is not likely to be decreased but increased by that analysis of knowledge which, while forcing him to agnosticism, yet continually prompts him to imagine some solution of the Great Enigma which he knows can not be solved. Especially must this be so when he remembers that the very notions, beginning and end, cause and purpose, are relative notions belonging to human thought, which are probably inapplicable to the ultimate reality transcending human thought, and when, though suspecting that explanation is a word without meaning when applied to this ultimate reality, he yet feels compelled to think there must be an explanation.

But amid the mysteries which become the more mysterious the more they are thought about, there will remain the one absolute certainty that he is ever in presence of an Infinite and Eternal Energy, from which all things proceed. (Herbert Spencer, in Popular Science Monthly.)

DIED.—In Sandy Hook, Conn., Wednesday morning, January 2d, of consumption, at the residence of her husband, Eliza Scott Garretson, wife of William C. Wile, M. D., aged forty-three years. Interment at Pleasant Valley, Dutchess County, New York.

We extend to our brother, Dr. Wile, the able editor of the New England Medical Monthly, our sincere and deepest sympathy in his bereavment. The announcement of the death of this charming and most estimable lady must be a great shock to her large circle of friends and admirers, as it has been to us. Even a brief acquaintance impressed one with the gentleness and force of her character, the sweetness of her disposition, and the beauty and power of her mind. To a physician such a loss is a terrible calamity, an irreparable loss. To him the beloved wife is especially the cherished life companion, the sharer of joys and sorrows, of triumphs and disappointments; the trusted friend and adviser, to whom nothing need to be explained because she

understands his motives and appreciates his aims. She is the inspirer of noble ambition, whose gentle voice is ever raised in behalf of goodness and truth, whose tender hand ever leads onward and upward.

Hope inspires the faith that in a brighter clime immortal spirits have bid her good morning to an eternal cloudless day. She has entered upon that life of higher and more glorious service of which her beautiful life on this earth was the promise and the dawn.

THE following tribute to the memory of Dr. Kirkbride, which appeared in the Philadelphia Evening Bulletin, is worthy of preservation:

O rare and radiant life, whose mission here,
Like some strong angel's winged with love divine,
Waited on human woe to heal and cheer,
What high, unselfish, tireless zeal was thine:
To fan with tender care the flickering spark
Of waning reason and the shattered will,
To find the missing clue, where all is dark,
And guide to hope and light with patient skill;
True pity thine which clasped each clouded heart,
Nor on the lowliest ever looked askant,
Swaying distempered minds with sovereign art,
Gentle as woman, firm as adamant;
Nor less shall memory keep the tranquil grace
Of look and tone and bearing, staid and calm,
The sweet serenity of form and face,
Home's dearest solace, friendship's kindliest balm.
By this new grave no broken shaft we rear:
Thy finished work has followed thee above,
One step from duty, midst the shadows here,
To the full sunshine of eternal love!

SHALL THE INDEX MEDICUS BE DISCONTINUED?—Five years' publication of the Index Medicus has proved conclusively, (1) That the mere cost of production (per annum) is not less than $5,000. (2) That the maximum return from subscriptions at $6 per annum has not exceeded $3,600. (3) That the in-

crease of subscriptions during the past two years has been merely nominal. (4) That the limited circulation permits no material return from advertisements.

As the publisher agrees with the editors that—in justice to themselves as well as to those whose generosity has already been severely taxed—the Index Medicus must no longer be dependent on voluntary contributions, the undertaking must either be abandoned or at once be placed on the business footing of an equally shared support.

Since there are scarcely six hundred subscribers to whom the Index Medicus is, or seems to be, a necessity, the question to be determined is whether there remains a sufficient number of subscribers who are willing to continue their subscription at the requisite increase of price.

The editorial preparations requiring an immediate decision, subscribers are earnestly requested to respond without delay to the following questions:

1. If the future subscription price of the Index Medicus is fixed at $10 per annum, are you willing to renew your subscription for 1884 at that rate?

2. Should not five hundred subscribers renew at $10, will you be one of four hundred and seventeen subscribers who are willing to renew at $12?

Poisonous Wood.—The use of a wood from Panama called cokobola, in the manufacturing interests in Bridgeport, is attracting the attention of the Connecticut State Board of Health. The wood is cheap, takes a brilliant polish, is easily worked, and is extensively used for knife-handles and ornamentation. Workers in the material are poisoned somewhat after the manner of sumac, although some are free from any defect. Swelling of the face, closing of the eyes, appearance of being burned on the hands are the usual symptoms. Some are attacked with distress in the stomach, with loss of appetite. One person, who was a confirmed smoker, after being poisoned has been unable to smoke or even stay in a room where there is any tobacco

smoke. Children playing in the sawdust of this wood, which had been dumped, were badly poisoned about their feet. At a large factory on Elm Street, where this wood is extensively worked, chickens in the adjoining yards are said to have all died from eating the dust that settles on the grass.

A New Mode of Burial.—At a recent general assembly of the cement manufacturers at Berlin, says the Lancet, Dr. Frühling describes a new application of cement. He explained that it would be easy to transform corpses into stone mummies by the use of Portland cement, that substance, when hardened, not in any way indicating the organic changes going on within it. He further illustrated the subject by describing various industrial uses of lime as a preventive of decomposition. The cement in hardening takes an accurate cast of the features which it incloses, thus allowing of their exact reproduction after the lapse of centuries. It is suggested to use coffins of rectangular shape, it being further considered by Dr. Frühling that underground sepulture is needless, as the coffins soon become practically masses of stone, and can therefore be built into pyramids.

Monkeys and Tubercle.—Dr. J. B. Sutton, of Middlesex Hospital, in a communication to the "Lancet," disproves the current opinion that monkeys die chiefly from tubercle. Having been permitted to attend the post-mortem examinations of animals dying in the Zoölogical Gardens, Regent's Park, he personally inspected the remains of ninety-three monkeys. Of this number, three were found to have died of tubercle, twenty-two of bronchitis, three of lobar pneumonia, seven of lobular pneumonia, one of septic pneumonia, twenty-three of other diseases, including three of scrofula and four of typhoid fever, while in thirty-four cases no lesion was met with sufficient to explain the deaths of the creatures.

Composition of Cherry Pectoral.—The agreeable taste and flavor of the proprietary mixture called "Cherry Pectoral"

make it quite a popular remedy. That it is often useful in cough is easily explained by its composition. It is in fact but one of the forms of the old and world-known combination of opium with antimony or ipecac, or with both, which is familiar to all practitioners:

Morph. Acet.,	gr. iij;
Tinct. Sang. Can.,	ʒ ij;
Vin. Antim. Tart., Vin. Ipecac.,	āā ʒ iij;
Syr. Pruni Virgin.,	ʒ iij.

THE DUKE OF CAMBRIDGE ON CHARITY.—At the opening of a soup-kitchen the Duke of Cambridge suggested the very humane sentiment that we should not be hindered in relieving people less fortunate and comfortable than ourselves because our charity will be abused by the undeserving. He thinks it better to err a little in the wrong direction than not to do good to those in want from no fault of their own. The Lancet, indorsing the views of the Duke, says: "When it is so much the fashion to apply a microscope to the merits of the applicants for charity, richer people might well question how many of their mercies they owe to their own merit."

WHAT, MORE?—As if there were not already enough medical colleges in the country, a bill has been introduced into the United States Senate providing for the establishment of a "University of Medicine." To support this proposed institution an appropriation of a million dollars is contemplated as an endowment fund. We are told that "allopathic, homeopathic; and eclectic methods are all to be represented by professorships.' Besides the endowment fund, a further sum of a hundred thousand dollars is to be devoted to the purchase of land and the construction of the necessary buildings.

PROMOTION.—The prince-physician, Duke Charles Theodore of Bavaria, M. D., has been promoted to a lieutenant-generalcy but will not take any active part in military matters. A second

scientific scion of the Wittelsbach family, Prince Louis Ferdinand, recently married to a sister of the King of Spain, has in press a monograph of comparative anatomy on the human and animal tongue, with upward of a hundred and five illustrations. He made the investigations for his work partly in the Anatomical Institute of Professor Rüdinger, partly in his own laboratory at Nymphenburg Castle.

A Boon to the Insane.—It is a happy augury for the insane that the abandonment of restraining apparatus in their management is not thought to have attained its completeness. The experience at this Hospital shows that the less such devices are employed, the less need there will be for any coercive measures. Restraining apparatus have been absolutely banished from the Alabama Insane Hospital, and there is probably not a Hospital in the United States in which advance in the same direction is not yearly made. (The Meteor.)

It is astonishing how profoundly ignorant many of our best educated people are of the modern methods of dealing with insanity. Visitors to the Hospital are surprised to see that not one of the five-hundred patients wears restraining apparatus of any kind—that there are no "cells" in the Hospital, but that the rooms are of good size, airy and comfortably furnished—that the patients are well dressed, well behaved, and conduct themselves as ladies and gentlemen. They are especially surprised to learn that it is seldom necessary to isolate even the most refractory patient. (*Ibid.*)

Dr. Edward C. Mann, in his late work, Psychological Medicine, says, "It is possible to bring the treatment of the insane to that state of development when all mechanical restraint may be dispensed with advantageously. I feel sure that the complete non-restraint system will be adopted in the future, but the necessary conditions for this are that our asylums must not be overcrowded, as they are to-day, and that the patients must be under constant medical supervision."

THE CINCHONA TREE.—According to Dr. Sach, of Buenos Ayres, there is no danger of an exhaustion of the quinine-supply. The experimental plantations in Java and the Island of Réunion have been very successful; and, besides these nurseries, the trees have been cultivated in Bolivia by the million for ten years. At three places in the last-named country, taken as they come, the number of trees growing is given, severally, at seventy thousand, two hundred thousand, and three million five hundred thousand.

SYRUP OF COFFEE TO DISGUISE QUININE.—Roasted coffee finely ground, four ounces, alcohol one ounce, sugar twelve ounces, boiling water sufficient. Pack the coffee firmly in a percolator provided with a cover, and pour on boiling water until eight fluid ounces of percolate are obtained. Then dissolve the sugar (in the percolate) by percolation, and finally add the alcohol as a preservative. The taste of two grains of quinine is said to be pretty well covered by a dram of syrup. (New Remedies.)

ALCOHOL FROM MELONS.—M. Sebas informs the *Academie des Sciences* (British Medical Journal) that he has discovered the means of extracting alcohol from the fermented pulp of melons. Alcoholic fermentation does not take place in the pulp, notwithstanding the sugar it contains, until sulphuric acid is added. Five quarts of alcohol can be extracted from eighty pounds of pulp.

THE SPLEEN A PORTAL HEART.—Dr. C. S. Roy has further developed his discovery that the spleen is the seat of perfectly rhythmical contractions and dilatations independently of cardiac and respiratory movements. That, in fact, the spleen may be regarded as "a portal heart." This appears to be a new and important fact in physiology. (Druggists Circular.)

TOOTH-WASH.—A tincture is made from chips of cedar wood, such as is used for the finer qualities of lead pencils, by

treating one part of it with five parts of brandy. In two hundred and fifty grams of this tincture dissolve oil of peppermint two grams, oil of anise one gram. A. Vomácka states that this resembles Pierre's *Eau dentifrice*. (*Rundschau*, June 20, 1883.)

SASSAFRAS IN RHUS POISONING.—Dr. Hinton advises sassafras root in poisoning by rhus toxicodendron. A strong infusion is made of red sassafras root, allowed to cool, and then applied frequently by means of cloths wet in it. Recovery may be expected within twenty-four hours.

MILLEMAINE is the name of a new cereal which has been introduced into South Carolina, from Colombia, South America. It is allied to sorghum and Guinea corn, and has the merit of an almost unlimited capacity to endure drought. Cakes made from the meal have been described as better than corn-cakes, and the grain has been pronounced by the chemist of the Savannah Guano Company superior in food qualities to wheat.

A CASE OF DEATH FROM THE INHALATION OF ETHER occurred at a clinic at Bellevue Hospital recently. The patient was a boy with apparently sound lungs and heart. He was under ether for about an hour and a half, when he suddenly ceased to breathe, and all efforts at resuscitation failed.

THE NEW CODE.—The new code of New York is condemned by the London Lancet, which says it is beyond the power of the New York Medical Society to impose such consultations as are sanctioned by it on men who respect themselves or their patients, or the accumulated experience of the profession.

"OPHTHALMISTS."—The Medical Times and Gazette begins an editorial article as follows: "The ophthalmologists, or, as our American cousins would say, the 'ophthalmists,'" etc. This is a good specimen of "Americanisms" of foreign coinage. (New York Medical Journal.)

QUADRUPLETS.—The Canadian Practitioner contains an account of four living children at a birth, two boys and two girls, with but a single placenta. The mother was a small woman, weighing one hundred pounds, thirty-eight years old, and had nothing unusual in three previous confinements. The father is forty-one years of age, weighs one hundred and sixty-nine pounds, and is a strong, healthy, and robust man. He is reported as doing as well as could be expected.

A ROMANCE BY DR. MARION SIMS.—It is announced that the late Dr. Marion Sims has left a sparkling sketch which will appear in the February Harper. It is entitled, "Lydia McKay and Colonel Tarleton," and describes one of the most romantic episodes of the Revolution, the rescue of her imprisoned husband by the fair and clever Lydia.

INSECTICIDE.—The castor-oil plant is claimed as an effectual protection from flies. On placing the plant in a fly-infected room a large number of dead flies are found clinging to the under surface of the leaves, and the remainder disappear as if by magic. This action is supposed to be due to some volatile principle exhaled by the leaves.

A DESERVED HONOR.—The Conseil Municipal of Paris has decided to name one of the streets of the city Rue Thuillier, to honor the memory of Louis Thuillier, the member of the "Pasteur Cholera Commission," who died at Alexandria while pursuing his investigations.

A MEDICAL PRACTICE FOR SALE.—Dr. T. A. Mason, of New Lebanon, Sullivan County, Indiana, wishes to sell his practice —a lucrative one—to some first-class physician. Correspondence solicited. Address as above.

AN illustration of stinginess is cited by an Arkansas editor, who knows a man who talks through his nose in order to save wear and tear on his false teeth.

Bibliography.

The Ovarian Cell, its Origin and Characteristics. By T. M. Drysdale, A. M., M. D. Philadelphia. Reprint from Vol. VII, Gynecological Transactions.

Gunnison, Colorado, Bonanza County. By John K. Hallowell, Geologist. Published by the Colorado Museum of Applied Geology and Mineralogy. Gunnison, Col.

Observations on the use of Bromide of Ethyl as an Anesthetic for Short Operations, and as a Precursor to the Administration of Ether. By A. E. Prince, M. D. Jacksonville, Ills.

On the Pathology of Phthisis Pulmonalis, and its Laryngeal Complications. By Carl Seiler, M. D., Instructor in Laryngology, and Lecturer on Diseases of the Throat and Nose, at the University of Pennsylvania, etc.

Lecture Introductory to the Eighty-seventh Course of Instruction in the Medical Department of Dartmouth College, delivered August 1, 1883. By Louis Elzberg, A. M., M. D., Professor of Laryngology and Diseases of the Throat, etc.

A Physician's Sermon to Young Men. By William Pritt, Master of Arts, Doctor of Medicine, Fellow of the Royal College of Surgeons, England, and Licentiate of the Royal College of Physicians, London. New York: M. L. Holbrook & Co.

The Physiology of Digestion, with reference to the Treatment of its Functional Disorders: adopted from Claude Bernard, Murchison W. Roberts, Lauder Brunton, and Milner Fothergill, and compiled for the use of the General Practitioner. By M. H. Lackersteen, M. A., M. D., LL. D., etc.

The Electro-Osteotome, a New Instrument for the Performance of the Operation of Osteotomy. By Dr. Milton Josiah Roberts, Professor of Orthopedic Surgery and Mechanical Therapeutics in the New York Post-Graduate School, Professor of Orthopedic Surgery in the University of Vermont, etc.